

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State

05-04-2004 90170 032 ***150.00

66427346

DOCUMENT # P03000084104			
1. Entity Name LEJALY, INC.			
Principal Place of Business 672 LAKEWOOD CIRCLE WEST DELRAY BEACH, FL 33445		Mailing Address 672 LAKEWOOD CIRCLE WEST DELRAY BEACH, FL 33445	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0197451		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAR, HERBERT L 672 LAKEWOOD CIRCLE WEST DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEAR, HERBERT L 672 LAKEWOOD CIRCLE WEST DELRAY BEACH, FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Herbert L Dear</u>		Date: <u>4-28-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

Attachment

00427346

RUBIN - GOERTZ & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS
101 EISENHOWER PARKWAY
ROSELAND, NEW JERSEY 07068-1070

#PO3000084104

SEYMOUR RUBIN, CPA
GEORGE F. GOERTZ, CPA
STUART L. RUFF, CPA

TEL: (973) 228-0300
FAX: (973) 228-4090

April 28, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

Ladies/Gentlemen:

Please sign and date "copy" of letter and return to Rubin-Goertz & Company in the stamped, self-addressed envelope provided for your convenience.

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Lejaly, Inc. (ck #1256 - \$150.00)

STATE OF FLORIDA DEPARTMENT OF REVENUE

ACKNOWLEDGMENT _____

DATE _____

File & stamp

6/4/2/3/4

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Call a friend

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